

BUILDING WEATHERIZATION REPORT

(Site-built)

PROJECT INFORMATION

Agency:	Job #:
Final Inspection Date:	Month Submitted:
Who Conducted the Final Inspection:	
Client Name:	
Client Address:	

DIAGNOSTICS

Blower Door	Pre: CFM	Post: CFM
Volume: ft ³	Closure:	MVR:
Attic Zonal Pressure: Pa		

REQUIRED MEASURES INSTALLED

COMPLETED

I. Heating System Service/Repair/Replacement					Yes <input type="checkbox"/> No <input type="checkbox"/>
Unit	Fuel Type	CAZ	CO	Draft	
II. Seal Major Air Leaks and Bypasses					Yes <input type="checkbox"/> No <input type="checkbox"/>
III. Insulate Sidewalls					Yes <input type="checkbox"/> No <input type="checkbox"/>
IV. Insulate and Vent Attic					Yes <input type="checkbox"/> No <input type="checkbox"/>
V. Insulate Ducts/Heating Pipes					Yes <input type="checkbox"/> No <input type="checkbox"/>
VI. Insulate Water Heater					Yes <input type="checkbox"/> No <input type="checkbox"/>

OPTIONAL MEASURES

a. Furnace Tune-ups	Yes <input type="checkbox"/> No <input type="checkbox"/>
b. Heating System Replacement for Efficiency	Yes <input type="checkbox"/> No <input type="checkbox"/>
c. Floor Insulation	Yes <input type="checkbox"/> No <input type="checkbox"/>
d. CFL Bulbs	Yes <input type="checkbox"/> No <input type="checkbox"/>
e. Refrigerator Replacement	Yes <input type="checkbox"/> No <input type="checkbox"/>
f. Water Flow Reducers	Yes <input type="checkbox"/> No <input type="checkbox"/>
g. Setback Thermostats	Yes <input type="checkbox"/> No <input type="checkbox"/>

LSWP & SECTION 106

LSWP	Yes <input type="checkbox"/> No <input type="checkbox"/>
Section 106	Yes <input type="checkbox"/> No <input type="checkbox"/>

Incidental Repairs _____
Health and Safety _____
Total Man Hours _____
Contractor Name(s) _____
Vendors (non-inventory) _____

	DOE	LIHEAP	ARRA	Total
Total Materials	\$	\$	\$	\$
Total Labor	\$	\$	\$	\$
Health & Safety				\$
Total Job Cost				\$

Leverage Funds Utilized (Source and Amount):	\$
Work Summary:	